

**CLAIMS ONLY**

Application Number

**10/766463**

Filing Date

Applicant(s)

**01-09-06**

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |  |  |  |  |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--|--|--|--|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |  |  |  |  |
| 1            |          |        |                       |        |                        |        |  |  |  |  |
| 2            |          |        |                       |        |                        |        |  |  |  |  |
| 3            |          |        |                       |        |                        |        |  |  |  |  |
| 4            |          |        |                       |        |                        |        |  |  |  |  |
| 5            |          |        |                       |        |                        |        |  |  |  |  |
| 6            |          |        |                       |        |                        |        |  |  |  |  |
| 7            |          |        |                       |        |                        |        |  |  |  |  |
| 8            |          |        |                       |        |                        |        |  |  |  |  |
| 9            |          |        |                       |        |                        |        |  |  |  |  |
| 10           |          |        |                       |        |                        |        |  |  |  |  |
| 11           |          |        |                       |        |                        |        |  |  |  |  |
| 12           |          |        |                       |        |                        |        |  |  |  |  |
| 13           |          |        |                       |        |                        |        |  |  |  |  |
| 14           |          |        |                       |        |                        |        |  |  |  |  |
| 15           |          |        |                       |        |                        |        |  |  |  |  |
| 16           |          |        |                       |        |                        |        |  |  |  |  |
| 17           |          |        |                       |        |                        |        |  |  |  |  |
| 18           |          |        |                       |        |                        |        |  |  |  |  |
| 19           |          |        |                       |        |                        |        |  |  |  |  |
| 20           |          |        |                       |        |                        |        |  |  |  |  |
| 21           |          |        |                       |        |                        |        |  |  |  |  |
| 22           |          |        |                       |        |                        |        |  |  |  |  |
| 23           |          |        |                       |        |                        |        |  |  |  |  |
| 24           |          |        |                       |        |                        |        |  |  |  |  |
| 25           |          |        |                       |        |                        |        |  |  |  |  |
| 26           |          |        |                       |        |                        |        |  |  |  |  |
| 27           |          |        |                       |        |                        |        |  |  |  |  |
| 28           |          |        |                       |        |                        |        |  |  |  |  |
| 29           |          |        |                       |        |                        |        |  |  |  |  |
| 30           |          |        |                       |        |                        |        |  |  |  |  |
| 31           |          |        |                       |        |                        |        |  |  |  |  |
| 32           |          |        |                       |        |                        |        |  |  |  |  |
| 33           |          |        |                       |        |                        |        |  |  |  |  |
| 34           |          |        |                       |        |                        |        |  |  |  |  |
| 35           |          |        |                       |        |                        |        |  |  |  |  |
| 36           |          |        |                       |        |                        |        |  |  |  |  |
| 37           |          |        |                       |        |                        |        |  |  |  |  |
| 38           |          |        |                       |        |                        |        |  |  |  |  |
| 39           |          |        |                       |        |                        |        |  |  |  |  |
| 40           |          |        |                       |        |                        |        |  |  |  |  |
| 41           |          |        |                       |        |                        |        |  |  |  |  |
| 42           |          |        |                       |        |                        |        |  |  |  |  |
| 43           |          |        |                       |        |                        |        |  |  |  |  |
| 44           |          |        |                       |        |                        |        |  |  |  |  |
| 45           |          |        |                       |        |                        |        |  |  |  |  |
| 46           |          |        |                       |        |                        |        |  |  |  |  |
| 47           |          |        |                       |        |                        |        |  |  |  |  |
| 48           |          |        |                       |        |                        |        |  |  |  |  |
| 49           |          |        |                       |        |                        |        |  |  |  |  |
| 50           |          |        |                       |        |                        |        |  |  |  |  |
| Total Indep  |          |        | 2                     |        |                        |        |  |  |  |  |
| Total Depend |          |        | 5                     |        |                        |        |  |  |  |  |
| Total Claims |          |        | 7                     |        |                        |        |  |  |  |  |